## ... AZARDOUS WASTE INSPECTION

Orange County Health Care Agency Environmental Health Division

Mailing Address: P.O.Box 355, Santa Ana, CA 92702 Office: 2009 E. Edinger Avc., Santa Ana, CA 92715

Telephone: (714) 667 3700

007176

SEMS-RM DOCID # 1193028

New DBA Reclude

DBA: Executive	RV Center	
ADDRESS: 2100 Fullerfor	E. Crange thouse	—
, ,		— JAG
PERMIT NUMBER: 11479-1		I., (
NEW CHG DEL. BUS	THIS INSPEC	TION DATE 7 19 90
CITY CODE: STA	TUS: INSPECT	TYPE: PROGRAM: HIC
BILLING:		
ADDRESS:	<u>/</u>	NO. EMPL: 2
		_
CO. OWNER: Brad Fischer	TITLE:	PHONE: (714) 680-0295
CONTACT:	TITLE:	PHONE:
EMERGENCY CONTACT 1:		PHONE:
EMERGENCY CONTACT 2:		
PROPERTY OWNER:		
PROCESS: RV repair		
Waste oil		
	4574.548.54	
SIC 1: (7538 <u>Seneral anto reg</u> 2: (7500 <u>Auto repair senue</u>	rein	
2: (750 Auto repair serve	as & garages	
3: ( )		
4: ( )		
time 60(min)		0
INSPECTOR # 2/7 SIGNATURE: 2	mhe Mal	<u>.                                    </u>
DECEIVED BY:		DATE RECEIVED/
ENTERE	D JUL 2 6 1990	

## AZARDOUS WASTE INSPECTIO:

Orange County Health Care Agency Environmental Health Division Mailing Address: P.O.Bos 355, Santa Ana, CA 92702 Office: 2009 E. Edinger Ave., Santa Ana, CA 92705

Telephone: (714) 667-3700

DBA:	6 XPLUTIVE	KV CENTER	<i>p</i>	
ADDRESS:				
PERMIT NUNBER:				
WASTE ID: (279WASTE	E NAME:	ask oil	<del>,</del>	TS ( )
MAX VOL STORED: HOW STORED: ( / ) _ HOW DISPO: ( 79) LOCATION:	55 UNIT: 55 gal A recycled	(1) gol Irun offsite	FORM: (2) Legiue ANNUAL VOL DISPOS:	
HAULER: (264)	Alpha was	to		
	۶			TS ( )
MAX VOL STORED:	UNIT:	( )	FORM: ( )	
HOW STORED: ( )			ANNUAL VOL DISPOS:	
HOW DISPO: ( )				
HAULER: ( )				
WASTE ID: ( ) WASTE	E NAME:			TS( )
			FORM: ( )	
HOW STORED: ( )			ANNUAL VOL DISPOS:	
WASTE ID: ( ) WASTE	E NAME:			TS ( )
MAX VOL STORED:	UNIT:	( )	FORM: ( )	
HOW STORED: ( )			ANNUAL VOL DISPOS:	
HAULER: ( )				
INSPECTOR #	27 SIGNA	ATURE: 77A	he Mall	
RECEIVED BY:		_	DATE RECEIVED _	/

## .AZARDOUS WASTE INSPECTION

Orange County Health Care Agency Environmental Health Division

Mailing Address: P.O.Bos 355, Santa Ana, CA 92702 Office: 2009 E. Edinger Ave., Santa Ana, CA 92705

Telephone: (714) 667-3700

	DBA: ExecutiVE RV Center
AD	DRESS:
710	
PERMIT NI	IMBED.
I LIGHTI IV	
	VIOLATION DESCRIPTION
	Hazardous waste determination not made for all waste Generator has no EPA I.D. number Manifests not accurately completed Manifests not accurately completed Manifests not accurately completed Manifests not used for transporting hazardous waste Copies of manifest not available for review Properly completed copies of manifest or exception report not submitted to DOHS Manifest, Biennial Report, Exception Reports, and test results not retained at least 3 years Biennial Report to State not submitted Written notification not made to EPA Administrator for waste exportation Signature of foreign consignee not obtained re: delivery Manifest requirements not met for hazardous waste exportation/importation Hazardous waste transported off site by non-registered hauler Hazardous waste not taken to a State permitted facility Extremely hazardous waste handled/disposed of without permit Deviation from DOHS approved handling/disposal methods made for extremely hazardous waste Personnel not trained OTJ or in classroom within 6 months of employment Training not conducted by person trained in hazardous waste management Training does not include emergency response procedures and emergency equipment use No personnes training records maintained including titles, job description, dates, type of training Generator has not prepared contingency plan or maintained at site Contingency plan does not include all required information Emergency coordinator not familiar with all aspects of site operation/cmergency procedures Released waste/contaminated equipment not properly treated, stored, disposed of Report not submitted to state within 15 days of emergency incident State and local agencies not notified before resuming operation after an emergency Appropriate firefighting, spill control, and decontamination equipment not available Adequate testing/maintenance for emergency equipment not conducted Appropriate formunications/alarm systems not available Adequate aisle space not available for unobstructed movement Arrangements with appropriate loc
<u></u> 453 _ 454	Each container and tank not clearly labeled hazardous waste with required details Waste is not packaged, labeled, and placarded according to 49 CFR (DOT)
455 501	Each container of 110 gallons or less is not properly labeled  Containers are not in good condition or are not managed to prevent leaks
502	Containers are not compatible with waste in them Containers are not stored closed
503 504	Containers are not inspected weekly for leaks/defects
505	Ignitable/reactive wastes are not stored 50 ft. from facility property line
INSPECTO	R# 217 SIGNATURE: Mile McCall
RECEIVED	DBY: DATE RECEIVED
	DACE NO (1) OF DADT III

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Telephone: (714) 667-3700

	DBA:	Executive	E RV CON	ter	_	
AD	DRESS:				-	
PERMIT NU	JMBER:				_	
			VIOLATION DI	ESCRIPTION	_	
506 507 551 552 553 554 555 556 557 558 559	Incompatible Stored was Uncovered Continuous Discharge Construction At site closs Ignitable/re Incompatible	oles are not managed to oles are not stored/prote te in tanks causes corro- tanks do not have 2 ft. is feed systems in tanks control equipment, mor on materials of tank/cor- ture, hazardous waste, reactive waste in tanks no oles are not stored/prote for zone for tanks not of	cted in separate conta- sion, leakage or prem freeboard, dikes or of have no waste-feed co- nitoring equipment, an itainment area are not residue and contamina ot protected from man acted in separate tanks	iners ature failure her containment struct utoff ind waste level not chec checked weekly ited equipment not properial that would cause	ked daily for tanks	
The above no	oted items r	- 1	ntainer	rod tank	er 6.5, and shall be corr	ected as indicated:
<u> xar</u> Mus	f Hay	rayarcious	haste uf	t Dave	rulation di	te 3
What	in	dren, phis	ial state	( hayardo	us property,	(5 plane
& add	ress of	La baseress.				
ELAPSED 7		INUTES:	- wil	McCll DATE REC	V	
INSPECTO		SIGNATUR	E://M	DATE DEC	CEIVE 7/19	
RECEIVED	BY:	yer when		DATE REC	EIVE/_(	